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BREAST CANCER CASE QUESTIONNAIRE

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IDENTIFIER SHEET

1. Interviewer's name: _____ 2. Interviewer's ID ____

3. Hospital: _____

4. Date of interview: ____ / ____ / _____

5. Start time: ____:____ am/pm

6. Name _____ / _____ / _____
First Middle Last

7. Date of birth ____ / ____ / _____

8. Gender: () Male () Female

9. Address

Street Apt. No.

City State Zip Code - _____

10. Telephone number Home : (____) _____ - _____
Work: (____) _____ - _____ Ext. _____

11. What is the name; address and telephone number of a person who can help us contact you in the future or your next of kin?

Name Relationship to patient

Street Apt. No.

City State Zip Code - _____

Home telephone number (____) _____ - _____

IDENTIFIER SHEET

()₁ Very good ()₂ Good ()₃ Fair ()₄ Poor

SOCIOECONOMIC INFORMATION

1. What is your marital status?
 - ()₁ Single, never married
 - ()₂ Married
 - ()₃ Divorced
 - ()₄ Separated
 - ()₅ Has a partner, living as married
 - ()₆ Widowed

2. What was the highest level of education that you completed?
 - ()₁ Elementary School (5th or 6th grade)
 - ()₂ Middle or Junior High School (7th, 8th or 9th grade)
 - ()₃ 10th or 11th grade
 - ()₄ High School or GED (12th grade)
 - ()₅ Some College (includes AA degree)
 - ()₆ Technical School
 - ()₇ College
 - ()₈ Professional School (includes MS, PhD, MD, etc)

3. What is your current level of household income per year?
 - ()₁ Less than \$10,000
 - ()₂ \$10,000-29,999
 - ()₃ \$30,000-59,999
 - ()₄ \$60,000-90,000
 - ()₅ Greater than \$90,000
 - ()₈ Don't Know/Refused

4. How many people are currently supported in your household?

Fill in with 8s for Don't Know/Refused

SOCIOECONOMIC ()₁ Very good ()₂ Good ()₃ Fair ()₄ Poor

DEMOGRAPHIC

Now I would like to ask you some general information about you.

1. Do you consider yourself to be:
 - ()₁ White/Caucasian
 - ()₂ Black/African American
 - ()₃ Asian
 - ()₄ Native Hawaiian/Other Pacific Islander
 - ()₅ American Indian/Alaska Native
2. Do you consider your self Hispanic/Latino or Non Hispanic/Latino?
 - ()₁ Hispanic/Latino ()₂ Non Hispanic/Latino
3. Most people in the United States have ancestors who came from other parts of the world. Please tell me what country or countries your ancestors came from.

4. Were you born in the United States?
 - ()₀ No ()₁ Yes
5. What is your age? _____

DEMOGRAPHIC ()₁ Very good ()₂ Good ()₃ Fair ()₄ Poor

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MEDICAL HISTORY: GENERAL

Now I would like to ask you some questions about your medical history and your health.

1. Have you ever been diagnosed with cancer (prior to your current diagnosis- if cancer case)?

()₀ No **(Skip to 3)** ()₁ Yes

2. What type of cancer(s)? _____ (cancer organ dictionary, add rows as needed)

3. What is your current weight? _____ lbs

4. What was your weight 10 years ago? _____ lbs

5. What was your weight 2 years ago? _____ lbs

6. How tall are you? _____ feet _____ inches

MEDICAL HISTORY GENERAL ()₁ Very good ()₂ Good ()₃ Fair ()₄ Poor

MEDICAL HISTORY (BETA BLOCKERS/HYPERTENSION)

1. Have you been prescribed any of the following medications by your doctor in **the past month** (yes/no)? Interviewer should say: *These medications are also called beta blockers.*

- a. Atenolol (Tenormin)
- b. Bisoprolol (Zebeta)
- c. Carvedilol (Coreg)
- d. Propranolol (Inderal, InnoPran XL)
- e. Labetalol (Trandate, Normodyne)
- f. Metoprolol (Lopressor, Toprol)
- g. Nadolol (Corgard)
- h. Nebivolol (Bystolic)
- i. Sotalol (Betapace)
- j. Acebutolol (Sectral)
- k. Betaxolol (Kerlone)
- l. Penbutolol (Levatol)
- m. Pindolol (Viskren)
- n. Timolol (Blocadren)

()₀ No to all (**Skip next question**) ()₁ Yes

2. If you were taking one of these medications over the past 1 month, how often did you take the medication as the doctor prescribed?

- a. All of the time (100%)
- b. Nearly all of the time (90%)
- c. Most of the time (75%)
- d. Half the time (50%)
- e. Less than half the time (< 50%)

3. Has a doctor ever told you that you have?

Heart disease? ()₀ No ()₁ Yes

4. Is your blood pressure

High ____

Low ____

Normal ____

DON'T KNOW ____

REFUSED ____

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5. Has a doctor or other health professional ever told you that you have high blood pressure?

YES ____

NO ____

DON'T KNOW ____

REFUSED ____

6. Are you currently taking prescription medication for high blood pressure?

YES ____

NO ____

DON'T KNOW ____

REFUSED ____

MEDICAL HISTORY BETA BLOCKERS ()₁ Very good ()₂ Good ()₃ Fair ()₄ Poor

MEDICAL HISTORY (CIRCUMFERENCES)

1. Interviewer will ask: ***I would now like to measure your waist circumference.***

Waist circumference (cm)

First	Second	Difference	Tolerance	Third
_ _ _ . _	_ _ _ . _	_ _ _ . _	2.0	_ _ _ . _

2. Interviewer will ask: ***I would now like to measure your hip circumference.***

Hip circumference (cm)

First	Second	Difference	Tolerance	Third
_ _ _ . _	_ _ _ . _	_ _ _ . _	2.0	_ _ _ . _

MEDICAL HISTORY CIRCUMFERENCES ()₁ Very good ()₂ Good ()₃ Fair()₄ Poor

PERCEIVED STRESS (Cohen Scale)

The questions in this scale ask you about your feelings and thoughts **during the last month**. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly? **0 1 2 3 4**
2. In the last month, how often have you felt that you were unable to control the important things in your life? **0 1 2 3 4**
3. In the last month, how often have you felt nervous and "stressed"? **0 1 2 3 4**
4. In the last month, how often have you felt confident about your ability to handle your personal problems? **0 1 2 3 4**
5. In the last month, how often have you felt that things were going your way?..... **0 1 2 3 4**
6. In the last month, how often have you found that you could not cope with all the things that you had to do? **0 1 2 3 4**
7. In the last month, how often have you been able to control irritations in your life?..... **0 1 2 3 4**
8. In the last month, how often have you felt that you were on top of things? **0 1 2 3 4**
9. In the last month, how often have you been angered because of things that were outside of your control?..... **0 1 2 3 4**
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?..... **0 1 2 3 4**

References

The PSS Scale is reprinted with permission of the American Sociological Association, from Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.
 Cohen, S. and Williamson, G. Perceived Stress in a Probability Sample of the United States. Spacapan, S. and Oskamp, S. (Eds.) *The Social Psychology of Health*. Newbury Park, CA: Sage, 1988.

CHRONIC STRESS BECAUSE OF DISCRIMINATION EXPERIENCES

1. Within the past 12 months, when seeking health care, do you feel your experiences were worse than other races (race groups: white, black, asian-american, hispanic/latino), the same as other races, better than other races, or worse than some races but better than others?

- ()₁ Worse than other races
()₂ The same as other races
()₃ Better than other races

DO NOT READ:

- ()₅ Only encountered people of the same race
()₆ No health care in past 12 months
()₈ Don't know/Refused
()₉ Refused

INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care say:

This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.

2. Within the past 12 months, how often have you experienced any physical symptoms, for example a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

- ()₁ Never
()₂ No more than once a year
()₃ At least once a month
()₄ At least once a week
()₅ At least once an hour
()₆ Constantly
()₈ Don't know
()₉ Refused

3. Within the past 12 months, how often have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?
- ()₁ Never
 - ()₂ No more than once a year
 - ()₃ At least once a month
 - ()₄ At least once a week
 - ()₅ At least once an hour
 - ()₆ Constantly
 - ()₈ Don't know
 - ()₉ Refused

Centers for Disease Control and Prevention. (2004). Behavioral Risk Factor Surveillance System survey data. http://www.cdc.gov/brfss/technical_infodata/surveydata/2004.htm. Accessed 09.11.07.
Reactions to Race – Behavioral Risk Factor Surveillance System (BRFSS) 2006

PERCEIVED DISCRIMINATION BASED ON ETHNICITY

1. Been treated with less courtesy than other people
()₁ Yes ()₂ No ()₈ Unsure (**DO NOT READ**) ()₉ Refused (**DO NOT READ**)
2. Been treated with less respect than other people
()₁ Yes ()₂ No ()₈ Unsure (**DO NOT READ**) ()₉ Refused (**DO NOT READ**)
3. Received poorer service than others
()₁ Yes ()₂ No ()₈ Unsure (**DO NOT READ**) ()₉ Refused (**DO NOT READ**)
4. Had a doctor or nurse act as if he or she thinks you are not smart
()₁ Yes ()₂ No ()₈ Unsure (**DO NOT READ**) ()₉ Refused (**DO NOT READ**)
5. Had a doctor or nurse act as if he or she is afraid of you
()₁ Yes ()₂ No ()₈ Unsure (**DO NOT READ**) ()₉ Refused (**DO NOT READ**)
6. Had a doctor or nurse act as if he or she is better than you
()₁ Yes ()₂ No ()₈ Unsure (**DO NOT READ**) ()₉ Refused (**DO NOT READ**)
7. Felt like a doctor or nurse was not listening to what you were saying
()₁ Yes ()₂ No ()₈ Unsure (**DO NOT READ**) ()₉ Refused (**DO NOT READ**)

*Race-Based And SES-Based Experiences (Bird & Bogart, 2001)

PERCEIVED SOCIAL SUPPORT (SOCIAL PROVISIONS SCALE)

Instructions: In answering the set of questions, think about your current relationships with friends, family members, community members and so on. Please indicate to what extent you agree that each statement describes your current relationships with other people. Use the following scale to give your opinion. If you feel a statement is very true of your current relationships you would circle "4, strongly agree." If you feel a statement clearly does not describe your relationships, you would circle "1, strongly disagree."

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. There are people I can depend on if I really need it.	1	2	3	4
2. I feel that I do not have close personal relationships with other people.	1	2	3	4
3. There is no one I can turn to for guidance in times of stress.	1	2	3	4
4. There are people who depend on me for Help.	1	2	3	4
5. There are people who enjoy the same social activities I do.	1	2	3	4
6. Other people do not view me as competent.	1	2	3	4
7. I feel personally responsible for the well-being of another person.	1	2	3	4
8. I feel part of a group of people who share my attitudes and beliefs.	1	2	3	4
9. I do not think other people respect my skills and abilities.	1	2	3	4
10. If something went wrong, no one would come to my assistance.	1	2	3	4
11. I have close relationships which give me a sense of emotional security and well-being.	1	2	3	4

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12. There is someone I could talk to about important decisions in my life.	1	2	3	4
13. I have relationships where my competence and skill are recognized.	1	2	3	4
14. There is no one who shares my interests and concerns.	1	2	3	4
15. There is no one who really relies on me For their well-being.	1	2	3	4
16. There is a trustworthy person I could turn To for advice if I were having problems.	1	2	3	4
17. I feel a strong emotional bond with at least one other person.	1	2	3	4
18. There is no one I can depend on for aid if I really need it.	1	2	3	4
19. There is no one I feel comfortable talking about problems with.	1	2	3	4
20. There are people who admire my talents and abilities.	1	2	3	4
21. I lack a feeling of intimacy with another person.	1	2	3	4
22 There is no one who likes to do the things I do.	1	2	3	4
23. I There are people I can count on in an emergency..	1	2	3	4
24. No one needs me to care for them.	1	2	3	4

Cutrona CE: Social support and stress in the transition to parenthood. J Abnormal Psychol 93:378-390, 1984 Russell D, Cutrona CE, Rose J, et al: Social and emotional loneliness: an examination of Weiss's Typology of loneliness. J Pers Soc Psychol 6:1313-1321, 1984

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GENERAL INFORMATION

1. Are you having any surgery in the near future?
()₀ No (Skip to 4) ()₁ Yes
2. What kind of surgery are you having? _____ .
3. When are you having this surgery? ____ / ____ / ____
4. May we contact you again later if we need to clarify any of the information you have provided. ()₀ No ()₁ Yes
5. Time ended: ____ : ____ ()₁ AM ()₂ PM
6. Interviewer's Signature: _____

First get specimen sample and then provide reimbursement

() Blood Specimen Collected

INTERVIEWER REMARKS

1. Interview was conducted:
 - ()₁ Home
 - ()₂ Hospital - inpatient
 - ()₃ Hospital - outpatient
 - ()₄ One of the Study Offices
 - ()₅ Other

2. Respondent's cooperation was:
 - ()₁ Very good ()₂ Good ()₃ Fair ()₄ Poor

3. The overall quality of the interview was:
 - ()₁ Very good ()₂ Good ()₃ Fair ()₄ Poor

4. Did any of the following occur during the interview?

a. R did not know enough information regarding the topics	() ₀ No () ₁ Yes
b. R did not want to be more specific	() ₀ No () ₁ Yes
c. R did not understand or speak English well	() ₀ No () ₁ Yes
d. R was upset or depressed	() ₀ No () ₁ Yes
e. R had poor hearing or speech	() ₀ No () ₁ Yes
f. R was confused by frequent interruptions	() ₀ No () ₁ Yes
g. R was emotionally unstable	() ₀ No () ₁ Yes
h. Others helped with the answers	() ₀ No () ₁ Yes
i. R required a lot of probing	() ₀ No () ₁ Yes
j. Patient was reserved	() ₀ No () ₁ Yes
k. R was physically ill	() ₀ No () ₁ Yes
l. Other, specify _____	() ₀ No () ₁ Yes

5. Comments/Remarks:
